

Fill in this information to identify your case:

United States Bankruptcy Court for the:

District of New Jersey

Case number (If known): _____ Chapter you are filing under:
☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

6/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Patricia First name H Middle name Krzywonos Last name Suffix (Sr., Jr., II, III)	First name Middle name Last name Suffix (Sr., Jr., II, III)
2. All other names you have used in the last 8 years Include your married or maiden names and any assumed, trade names and doing business as names. Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.	Patti Krzywonos Patti H Krzywonos	
3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	XXX – XX – 5 0 6 3 OR 9 XX – XX –	XXX – XX – OR 9 XX – XX –

Debtor 1 Patricia H Krzywonos
 First Name Middle Name Last Name Case number (if known)

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Your Employer

Identification Number (EIN), if any.

EIN

 EIN

 EIN

 EIN

EIN

 EIN

 EIN

 EIN

5. Where you live

701 West Red Bank Avenue

Number Street

Apartment #H12

West Deptford

NJ

08096-4942

City

State

ZIP Code

Gloucester County

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

If Debtor 2 lives at a different address:

Number Street

City

State

ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

- ☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- ☐ I have another reason. Explain.
 (See 28 U.S.C. § 1408.)

Check one:

- ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- ☐ I have another reason. Explain.
 (See 28 U.S.C. § 1408.)

Debtor 1

Patricia H Krzywonos

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

☒ Chapter 7☐ Chapter 11☐ Chapter 12☐ Chapter 13**8. How you will pay the fee**

☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?☒ No☐ Yes.

District _____ When _____ Case number _____

District _____ When _____ Case number _____

District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?☒ No☐ Yes.

Debtor _____

Relationship to you _____

District _____ When _____ Case number, if known _____

Debtor _____

Relationship to you _____

District _____ When _____ Case number, if known _____

11. Do you rent your residence?☐ No. Go to line 12.☒ Yes. Has your landlord obtained an eviction judgment against you?☒ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1

Patricia H Krzywonos

First Name

Middle Name

Last Name

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**☒ No. Go to Part 4.☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))☐ None of the above**13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☒ No. I am not filing under Chapter 11.☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**☒ No☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Debtor 1

Patricia H Krzywonos

First Name

Middle Name

Last Name

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Patricia H Krzywonos

First Name

Middle Name

Last Name

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes**16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.**17. Are you filing under Chapter 7?**☐ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☒ No
☐ Yes

18. How many creditors do you estimate that you owe?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

19. How much do you estimate your assets to be worth?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

20. How much do you estimate your liabilities to be?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Patricia H Krzywonos

Signature of Debtor 1

Executed on 07/26/2024

MM / DD / YYYY

X

Signature of Debtor 2

Executed on

MM / DD / YYYY

Debtor 1

Patricia H Krzywonos

First Name

Middle Name

Last Name

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.



/s/ Theodore M. Liddell

Date

07/26/2024

Signature of Attorney for Debtor

MM / DD / YYYY

Theodore M. Liddell

Printed name

Law Office of Theodore M. Liddell L.L.C.

Firm name

113 West White Horse Road

Number Street

Suite #2

Voorhees

NJ

08043

City

State

ZIP Code

Contact phone 856-617-3000

Email address attorneyteddy@gmail.com

044402013

NJ

Bar number

State

Fill in this information to identify your case:

Debtor 1 Patricia H Krzywonos
First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey

Case number _____
 (If known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1. <i>Schedule A/B: Property</i> (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>		\$ <u>0.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>		\$ <u>26,233.39</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>		\$ <u>26,233.39</u>

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>		\$ <u>0.00</u>
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>		\$ <u>395.34</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>		+ \$ <u>46,053.72</u>
Your total liabilities		\$ <u>46,449.06</u>

Part 3: Summarize Your Income and Expenses

4. <i>Schedule I: Your Income</i> (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i>		\$ <u>2,553.57</u>
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i>		\$ <u>3,232.67</u>

Debtor 1

Patricia Krzywonos

First Name

Middle Name

Last Name

Case number (if known)

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 3,250.88

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*.

Total claim

From Part 4 on *Schedule E/F*, copy the following:

9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 395.34
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 395.34

Fill in this information to identify your case and this filing:

Debtor 1 Patricia H Krzywonos
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey

Case number
(if known)

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2
☐ Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1 Make: Jeep
Model: Liberty
Year: 2008
Approximate mileage: 110,960

Other information:

Condition: Poor; Color: Black VIN #: 1J8GN 28K68 W2309 53 Four (4)-Door. Car was damaged, but has been fixed.

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

Current value of the entire property?	Current value of the portion you own?
\$ <u>1,521.00</u>	\$ <u>1,521.00</u>

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....>

\$ 1,521.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

6. Household goods and furnishings

Do not deduct secured claims or exemptions.

Examples: Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes. Describe...

1 three-person couch (4 years old, \$75); 1 broken queen size bed and 1 twin size bed (over 30 years old, \$100 for both); 1 six-drawer dresser (20 years old, \$50), 1 five-drawer dresser, 20 years old, \$20); 3 dining room chairs falling apart (30 years old, \$5 each); 1 corner cushion chair in bedroom (30 years old, \$25); 1 dining room table falling apart (30 years old, \$10), towels, pots, pans, silverware, 4 concert posters in frames (plastic frames, 10 years old, \$8 each); 1 bookcase (15 years, used, \$5); Grandmother clock - Daneker Williamsburg Model Westminster Cherry Case - that is currently in disrepair as the pendulum attachment has snapped. It was made by Daneker in 1971 (original cost - \$450, inherited by Debtor in 2003). The same clock with the same age in "used" condition is currently selling on eBay for \$100 or best offer).

\$ 825.00**7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe...

1 Laptop (2018 Lenovo-\$150), 1 Television (6 years old, Roku, 40 inch, small flat screen-\$500), microwave (20 years old, purchased from yard sale, \$30), 1 toaster (8 years old, \$10), 1 iron (30 years old, \$5); 3 desk lamps (2017, \$25 each), Samsung Galaxy Android A54 5G 128GB (purchased in November 8, 2023 for about \$450, but Debtor is still paying for it on phone plan); 1 vacuum cleaner (3 years old; \$75); NutraBullet blender (10 years old; \$20).

\$ 1,300.00**8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe...**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☒ No☐ Yes. Describe...**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe...**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe...

All clothing is used. Shoes (all shoes, sneakers and boots - Nike, Adidas, Timberlands - are at least 8 years old or older), basic/retail store clothing for work and leisure. All no name brand items. Winter parka (2 years old, paid a little under \$200); baseball caps (2 years old; \$15 each); no name brand purses (total 5 purses, 2 leather purses - 3 to 10 years old/\$25 each, 1 black cross-body bag purse - about 6 months old received as Christmas gift, \$50). Hoodies, work pants, t-shirts, etc.

\$ 3,000.00**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems gold, silver☐ No☒ Yes. Describe...

No gold, no diamonds, 2 silver necklaces, only costume jewelry, 2 silver hoop earrings, 5 silver rings, and several plastic bracelets.

\$ 75.00**13. Non-farm animals***Examples:* Dogs, cats, birds, horses☒ No☐ Yes. Describe...**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information...

Debtor 1

Patricia H Krzywonos
First Name Middle Name Last Name

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Case number(if known)

15. Add the dollar value of the portion you own for all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here.....>

\$5,200.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes..... Cash \$ 29.00**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes..... Institution name:17.1. Checking account: Police and Fire Federal Credit Union Checking Account \$ 677.9817.2. Savings account: Police and Fire Federal Credit Union Savings Account \$ 3.12**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☐ No☒ Yes.....

Institution or issuer name:

Robinhood Securities, LLC; Address: 85 Willow Road, Menlo Park, CA 94025; Phone: 650-940-2700. \$ 89.30**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☒ No☐ Yes. Give specific information about them.....**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific information about them.....**21. Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☐ No☒ Yes. List each account separately

Type of account	Institution name	
401(k) or similar plan:	Supermarkets of Cherry Hill, Inc. Profit Sharing 401(k) Plan; as April 1, 2024 - June 30, 2024; Address: 2240 Marlton Pike, Cherry Hill, NJ 08002; Phone: 856-667-9410.	\$ <u>2,522.89</u>

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes.....**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes.....**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes.....

Debtor 1

Patricia H Krzywonos
First Name Middle Name Last Name

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Case number(if known)

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...Federal: \$ 0.00
State: \$ 0.00
Local: \$ 0.00**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☐ No☒ Yes. Give specific information....

Debtor has received and continues to receive New Jersey Food Stamp Program - Supplemental Nutrition Assistance Program (SNAP) Benefits

Alimony: \$ 0.00
Maintenance: \$ 671.00
Support: \$ 0.00
Divorce settlement: \$ 0.00
Property settlement: \$ 0.00**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information....**31. Interests in insurance policies**☒ No☐ Yes. Name the insurance company of each policy and list its value....**32. Any interest in property that is due you from someone who has died**☒ No☐ Yes. Give specific information....**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**☒ No☐ Yes. Give specific information....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Give specific information....**35. Any financial assets you did not already list**☐ No☒ Yes. Give specific information...

Debtor 1

Patricia H Krzywonos
First Name Middle Name Last Name

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Case number(if known)

Debtor has received and continues to receive New Jersey Universal Service Fund Electric Bill (PSEG) Benefits, Debtor has received New Jersey Unemployment Compensation from the Department of Labor & Workforce Development Office - Division of Unemployment Insurance Office. Debtor received Unemployment Benefit payments from January 23, 2024 to June 27, 2024 (total amount was \$12,286; average monthly amount for past 6 months is \$2,047.67). Debtor will no longer receive New Jersey Unemployment Benefit payments as they were terminated as of June 27, 2024 (last deposit). This exemption covers this amount already received by the Debtor.

\$ 12,505.04

36. Add the dollar value of the portion you own for all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....>

\$ 16,498.33

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☐ No
☒ Yes. Give specific information...

Debtor sold some of her gold jewelry and estimates that she received about \$800 to \$900 in cash. Debtor acted in her own best interest in arm's length transactions to sell these pieces at the "We Buy Gold" store and "True Cash Value" store in Westville, NJ, "Perfect Jewelry" store at the Berlin Market, another store near Brooklawn Circle, and other locations for the sole purpose of getting cash to buy necessities to live on - primarily food to eat and gas for her car. During the period from December 10, 2023 to July 13, 2023, Debtor had no employment income. Description of the jewelry that was sold includes the following: approximately 8 gold necklaces, 8 gold pendants, approximately 7 gold rings, approximately 10 pair of gold earrings (some in pairs and some missing pieces), and approximately 5 gold bracelets. Debtor has no receipts for these transactions. To the best of Debtor's knowledge, Debtor has been selling her jewelry for the past year and a half at different times with dates ranging from October 2022 through February 2024. These sales were conducted under extreme economic stress and financial struggle. NJ SNAP did not begin to pay Debtor until December 19, 2023 and NJ Unemployment did not begin to pay Debtor until January 23, 2024. During the period from December 10, 2023 to July 13, 2024, Debtor had no Employment income. Since both Debtor and her son are signatories on the apartment lease, both were already obligated to pay their apartment rent. Debtor pays the apartment rent herself, but due to Debtor being out of work as of December 10, 2023, Debtor's adult son (household member) helped out with paying their apartment rent (see January 2, 2024 in Police and Fire Federal Credit Union Checking Account) and other necessities to avoid being late and potentially being evicted. There was no intent to provide any creditors with an unfair advantage. Debtor's son was already legally obligated to ensure payment of the apartment rent. There was no expectation to be paid back by Debtor or Debtor's son, and neither considered Debtor's son's payments to be a loan. Although Debtor's son was also responsible for paying the apartment rent, Debtor wanted to return the favor. After Debtor provided these payments to her son, he still continued to help Debtor to pay household necessities afterwards. Debtor paid her adult son back in cash in the total amount of \$1,250.00 in six (6) different payments listed in the following: \$500 - Sept 1st, 2023, \$100 - July 5th, 2023, \$500 - Feb 3rd, 2024, \$25 - Feb 16th, 2024, \$70 - Mar 2nd, 2024, \$55 - Apr 2nd, 2024. See Insider Payments., Debtor, through a Debt Settlement law firm, Gitmeid Law, paid two (2) creditors a grand total of \$864.06 (\$378.06 for FB&T/Mercury Credit Card and \$486.00 for Best Egg Personal Loan). None of these creditors were insiders, and none received \$600 or more. See Unsecured Nonpriority Claims.

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$ 3,014.06

Debtor 1

Patricia H Krzywonos
First Name Middle Name Last Name

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Case number(if known)

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2.....>			\$0.00
56. Part 2: Total vehicles, line 5	\$ <u>1,521.00</u>		
57. Part 3: Total personal and household items, line 15	\$ <u>5,200.00</u>		
58. Part 4: Total financial assets, line 36	\$ <u>16,498.33</u>		
59. Part 5: Total business-related property, line 45	\$ <u>0.00</u>		
60. Part 6: Total farm- and fishing-related property, line 52	\$ <u>0.00</u>		
61. Part 7: Total other property not listed, line 54	+ \$ <u>3,014.06</u>		
62. Total personal property. Add lines 56 through 61	\$ <u>26,233.39</u>	Copy personal property total▶	+ \$ <u>26,233.39</u>
63. Total of all property on Schedule A/B. Add line 55 + line 62			\$ <u>26,233.39</u>

Fill in this information to identify your case:

Debtor 1	Patricia H Krzywonos		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt**1. Which set of exemptions are you claiming?** Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: 2008 Jeep Liberty Line from Schedule A/B: 3.1	\$ 1,521.00	<input checked="" type="checkbox"/> \$ 1,475.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(5)
Brief description: 2008 Jeep Liberty Line from Schedule A/B: 3.1	\$ 1,521.00	<input checked="" type="checkbox"/> \$ 4,450.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(2)
Brief description: 2008 Jeep Liberty Line from Schedule A/B: 3.1	\$ 1,521.00	<input checked="" type="checkbox"/> \$ 3,575.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522 (d)(5)

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor

Patricia H Krzywonos

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Case number (if known)

First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: Household Goods - 1 three-person couch (4 years old, \$75); 1 broken queen size bed and 1 twin size bed (over 30 years old, \$100 for both); 1 six-drawer dresser (20 years old, \$50), 1 five-drawer dresser, 20 years old, \$20); 3 dining room chairs falling apart (30 years old, \$5 each); Line from Schedule A/B: 6	\$825.00	<input checked="" type="checkbox"/> \$ 14,875.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(3)
Brief description: Electronics - 1 Laptop (2018 Lenovo-\$150), 1 Television (6 years old, Roku, 40 inch, small flat screen-\$500), microwave (20 years old, purchased from yard sale, \$30), 1 toaster (8 years old, \$10), 1 iron (30 years old, \$5); 3 desk lamps (2017, \$25 each), Samsung Galaxy Android A54 5G 128GB (purchased in November 8, 2023) Line from Schedule A/B: 7	\$1,300.00	<input checked="" type="checkbox"/> \$ 3,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522 (d)(5)
Brief description: Clothing - All clothing is used. Shoes (all shoes, sneakers and boots - Nike, Adidas, Timberlands - are at least 8 years old or older), basic/retail store clothing for work and leisure. All no name brand items. Winter parka (2 years old, paid a little under \$200); baseball caps (2 years old, \$15 each; no name brand purses (total 5) Line from Schedule A/B: 11	\$3,000.00	<input checked="" type="checkbox"/> \$ 14,875.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(3)
Brief description: Jewelry - No gold, no diamonds, 2 silver necklaces, only costume jewelry, 2 silver hoop earrings, 5 silver rings, and several plastic bracelets. Line from Schedule A/B: 12	\$75.00	<input checked="" type="checkbox"/> \$ 1,875.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(4)
Brief description: Cash in Debtor's purse. (Cash on Hand) Line from Schedule A/B: 16	\$29.00	<input checked="" type="checkbox"/> \$ 400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522 (d)(5)
Brief description: Police and Fire Federal Credit Union Checking Account (Checking Account) Line from Schedule A/B: 17.1	\$677.98	<input checked="" type="checkbox"/> \$ 3,275.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522 (d)(5)
Brief description: Police and Fire Federal Credit Union Savings Account (Savings Account) Line from Schedule A/B: 17.2	\$3.12	<input checked="" type="checkbox"/> \$ 500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522 (d)(5)
Brief description: Robinhood Securities, LLC; Address: 85 Willow Road, Menlo Park, CA 94025; Phone: 650-940-2700. Line from Schedule A/B: 18	\$89.30	<input checked="" type="checkbox"/> \$ 150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522 (d)(5)
Brief description: Supermarkets of Cherry Hill, Inc. Profit Sharing 401(k) Plan; as April 1, 2024 - June 30, 2024; Address: 2240 Marlton Pike, Cherry Hill, NJ 08002; Phone: 856-667-9410. Line from Schedule A/B: 21	\$2,522.89	<input checked="" type="checkbox"/> \$ 5,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(12)
Brief description: Debtor has received and continues to receive New Jersey Food Stamp Program - Supplemental Nutrition Assistance Program (SNAP) Benefits (owed to debtor) Line from Schedule A/B: 29	\$671.00	<input checked="" type="checkbox"/> \$ 1,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(10)(a)
Brief description: Debtor has received and continues to receive New Jersey Universal Service Fund Electric Bill (PSEG) Benefits (owed to debtor) Line from Schedule A/B: 35	\$219.04	<input checked="" type="checkbox"/> \$ 750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(10)(a)
Brief description: Debtor has received New Jersey Unemployment Compensation from the Department of Labor & Workforce Development Office - Division of Unemployment Insurance Office. Debtor received Unemployment Benefit payments from January 23, 2024 to June 27, 2024 (total amount was \$12,286; average Line from Schedule A/B: 35	\$12,286.00	<input checked="" type="checkbox"/> \$ 15,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(10)(a)

Debtor

Patricia H Krzywonos

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Case number (if known)

First Name

Middle Name

Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
<p>Brief description: Debtor sold some of her gold jewelry and estimates that she received about \$800 to \$900 in cash. Debtor acted in her own best interest in arm's length transactions to sell these pieces at the "We Buy Gold" store and "True Cash Value" store in Westville, NJ, "Perfect Jewelry"</p> <p>Line from Schedule A/B: 53</p>	\$ 900.00	<input checked="" type="checkbox"/> \$ 900.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522 (d)(5)
<p>Brief description: During the period from December 10, 2023 to July 13, 2024, Debtor had no Employment income. Since both Debtor and her son are signatories on the apartment lease, both were already obligated to pay their apartment rent. Debtor pays the apartment rent herself, but due to Debtor being out of work as of December 10, 2023</p> <p>Line from Schedule A/B: 53</p>	\$ 1,250.00	<input checked="" type="checkbox"/> \$ 1,250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522 (d)(5)
<p>Brief description: Debtor, through a Debt Settlement law firm, Gitmeid Law, paid two (2) creditors a grand total of \$864.06 (\$378.06 for FB&T/Mercury Credit Card and \$486.00 for Best Egg Personal Loan). None of these creditors were insiders, and none received \$600 or more. See Unsecured Nonpriority Claims (Not Yet Listed)</p> <p>Line from Schedule A/B: 53</p>	\$ 864.06	<input checked="" type="checkbox"/> \$ 900.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522 (d)(5)
<p>Brief description:</p> <p>Line from Schedule A/B:</p>	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
<p>Brief description:</p> <p>Line from Schedule A/B:</p>	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
<p>Brief description:</p> <p>Line from Schedule A/B:</p>	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
<p>Brief description:</p> <p>Line from Schedule A/B:</p>	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
<p>Brief description:</p> <p>Line from Schedule A/B:</p>	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
<p>Brief description:</p> <p>Line from Schedule A/B:</p>	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
<p>Brief description:</p> <p>Line from Schedule A/B:</p>	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
<p>Brief description:</p> <p>Line from Schedule A/B:</p>	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
<p>Brief description:</p> <p>Line from Schedule A/B:</p>	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
<p>Brief description:</p> <p>Line from Schedule A/B:</p>	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case:

Debtor 1 Patricia H Krzywonos
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey

Case number _____
(if know)

☐ Check if this is
an amended
filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☒ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
---	---	---

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 0.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1 Patricia H Krzywonos
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey

Case number _____
 (if know)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	<p>Department of Treasury, Internal Revenue <small>Priority Creditor's Name</small></p> <p>Service _____</p> <p>P.O. Box 742562 <small>Number Street</small> Cincinnati OH 45280-2562 <small>City State ZIP Code</small></p> <p>Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5063</p> <p>When was the debt incurred? <u>About 3 months</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify</p>	\$ 395.34	\$ 395.34	\$ 0.00

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing else to report in this part. Submit to the court with your other schedules.
☒ Yes. Fill in all of the information below.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1	<p>ADS/Comenity Bank/Hottopic Nonpriority Creditor's Name</p> <p>PO Box 182789 Number Street Columbus OH 43218-2789</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5856379552411839</p> <p>When was the debt incurred? 11/20/2017</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p> <p style="text-align: right;">\$ 855.00</p>
4.2	<p>Best Egg Nonpriority Creditor's Name</p> <p>1523 Concord Pike Number Street Suite 201</p> <p>Wilmington DE 19803</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 44215896</p> <p>When was the debt incurred? 10/21/2021</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p> <p style="text-align: right;">\$ 4,657.43</p>
4.3	<p>Capital One - Platinum Mastercard Nonpriority Creditor's Name</p> <p>PO Box 31293 Number Street Salt Lake City UT 84131</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5178058422914070</p> <p>When was the debt incurred? 04/08/2016</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p> <p style="text-align: right;">\$ 690.45</p>

4.4	<p>Capital One - Quicksilver Nonpriority Creditor's Name</p> <p>PO Box 31293 Number Street Salt Lake City UT 84131 City State ZIP Code</p> <p>Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5156767786021142 When was the debt incurred? 05/03/2017</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p> <p style="text-align: right;">\$ 1,249.56</p>
4.5	<p>CitiCards CBNA/Citibank Nonpriority Creditor's Name</p> <p>5800 South Corporate Place Number Street Mail Code 234 Sioux Falls SD 57108 City State ZIP Code</p> <p>Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5424181550070119 When was the debt incurred? 06/16/2022</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p> <p style="text-align: right;">\$ 2,579.00</p>
4.6	<p>Comenity Capital Bank/CosmoProf Nonpriority Creditor's Name</p> <p>3075 Loyalty Circle Number Street PO Box 182789 Columbus OH 43218-2789 City State ZIP Code</p> <p>Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5442671174732381 When was the debt incurred? 12/17/2020</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p> <p style="text-align: right;">\$ 1,298.00</p>

4.7	FB&T/Mercury Card Services Nonpriority Creditor's Name 700 22nd Avenue South Number Street Brookings SD 57006 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5230810021257061 When was the debt incurred? 03/23/2022 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt \$ 2,675.71
4.8	Kingston Family Dentistry Nonpriority Creditor's Name 310 Kresson Road Number Street Cherry Hill NJ 08034 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1322 When was the debt incurred? 12/31/2023 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services \$ 125.00
4.9	Kohl's/Capital One/AvanteUSA Ltd. Nonpriority Creditor's Name PO Box 3115 Number Street Milwaukee WI 53201 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6393050830526026 When was the debt incurred? 04/19/2016 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency \$ 1,724.91

4.10	<div>Merrick Bank Corp</div> <div>Nonpriority Creditor's Name</div> <div>10705 S. Jordan Gateway</div> <div>Number Street</div> <div>South Jordan UT 84095</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><input checked="" type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim relates to a community debt</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number 5463166913828925</div> <div>When was the debt incurred? 06/22/2023</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim:</div> <div><input type="checkbox"/> Student loans</div> <div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div> <div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div> <div><input checked="" type="checkbox"/> Other. Specify Credit Card Debt</div>	\$ 714.00
4.11	<div>New Jersey Department of Labor</div> <div>Nonpriority Creditor's Name</div> <div>Unemployment Insurance Office</div> <div>P.O. Box 998</div> <div>Number Street</div> <div>Pleasantville NJ 08232-0998</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><input checked="" type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim relates to a community debt</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number 5063</div> <div>When was the debt incurred? 12/10/2023</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim:</div> <div><input type="checkbox"/> Student loans</div> <div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div> <div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div> <div><input checked="" type="checkbox"/> Other. Specify This is an overpayment made by the New Jersey Department of Labor Unemployment Insurance Office to the Debtor. The New Jersey Department of Labor Unemployment Insurance Office overpaid Debtor for a claim that she placed on 12/10/2023 (claim date). Debtor was disqualified for benefits from 12/03/23 through 01/13/24. Debtor has since appealed and won her appeal. The New Jersey Department of Labor Unemployment Insurance Office Appeal Tribunal reversed the decision and overturned the disqualification on June 24, 2024. On June 26, 2024, the New Jersey Department of Labor Unemployment Insurance Office notified Debtor of its overpayment to Debtor of \$994.00.</div>	\$ 994.00
4.12	<div>Ollo Card Services/Ally Credit</div> <div>Nonpriority Creditor's Name</div> <div>Card/CWS/Portfolio Recovery Associates</div> <div>1511 Friendship Road</div> <div>Number Street</div> <div>Jefferson City MO 65109</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><input checked="" type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim relates to a community debt</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number 5379931015728502</div> <div>When was the debt incurred? 06/20/2018</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim:</div> <div><input type="checkbox"/> Student loans</div> <div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div> <div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div> <div><input checked="" type="checkbox"/> Other. Specify Collection Agency</div>	\$ 4,946.56

4.13	Quality Asset Recovery LLC / Cooper University Nonpriority Creditor's Name Health Care PO Box 239 Number Street Gibbsboro NJ 08026 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1474503 Ref: 0011342026 When was the debt incurred? 11/20/2023 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency	\$ 765.58
4.14	Receivables Management Systems / Patients Nonpriority Creditor's Name First PO Box 73810 Number Street North Chesterfield VA 23235-8047 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number Ref 0010679810 When was the debt incurred? 01/12/2022 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency	\$ 206.07
4.15	SyncB/Amazon PLCC Nonpriority Creditor's Name 4125 Windward Plaza Number Street Alpharetta GA 30005 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6045781098159824 When was the debt incurred? 11/27/2016 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	\$ 2,875.00

4.16	<p>SyncB/Care Credit</p> <p>Nonpriority Creditor's Name</p> <p>C/O PO Box 965036</p> <p>Number Street Orlando FL 32896-5036</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6019183837944271</p> <p>When was the debt incurred? 08/26/2021</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p> <p>\$ 1,335.66</p>
4.17	<p>The Law Offices of Robert S. Gitmeid &</p> <p>Nonpriority Creditor's Name</p> <p>Associates, PLLC</p> <p>11 Broadway</p> <p>Number Street Suite 960</p> <p>New York NJ 10004</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5063</p> <p>When was the debt incurred? 11/07/2023</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Promised to help pay creditors</p> <p>\$ 15,459.85</p>
4.18	<p>The Swiss Colony</p> <p>Nonpriority Creditor's Name</p> <p>1112 7th Avenue</p> <p>Number Street Monroe WI 53566-1364</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 241605224084A</p> <p>When was the debt incurred? 12/17/2020</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p> <p>\$ 267.94</p>

4.19	<div>WebBank/One Main/FIS/Brightway</div> <div>Nonpriority Creditor's Name</div> <div>100 International Drive</div> <div>Number Street</div> <div>Suite 1500</div> <div>Baltimore MD 21202</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><input checked="" type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim relates to a community debt</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number #0533 #5494292193188252</div> <div>When was the debt incurred? 08/11/2023</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim:</div> <div><input type="checkbox"/> Student loans</div> <div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div> <div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div> <div><input checked="" type="checkbox"/> Other. Specify Credit Card Debt</div>	\$ 2,634.00
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Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

<div>ADS/Comenity Bank/Hottopic</div> <div>Creditor's Name</div> <div>PO Box 182273</div> <div>Number Street</div> <div>Columbus OH 43218-2273</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.1 of (Check one):</div> <div><input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims</div> <div><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div> <div>Last 4 digits of account number 1839</div>
<div>Amazon PLCC/SyncBank</div> <div>Creditor's Name</div> <div>P.O. Box 71711</div> <div>Number Street</div> <div>Philadelphia PA 19176-1711</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.15 of (Check one):</div> <div><input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims</div> <div><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div> <div>Claims</div> <div>Last 4 digits of account number 9824</div>
<div>AvanteUSA Ltd./Kohl's/Capital One</div> <div>Creditor's Name</div> <div>3600 S. Gessner Road</div> <div>Number Street</div> <div>Suite 225</div> <div>Houston TX 77063</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.9 of (Check one):</div> <div><input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims</div> <div><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div> <div>Claims</div> <div>Last 4 digits of account number 6026</div>
<div>Best Egg</div> <div>Creditor's Name</div> <div>PO Box 42912</div> <div>Number Street</div> <div>Philadelphia PA 19101</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.2 of (Check one):</div> <div><input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims</div> <div><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div> <div>Claims</div> <div>Last 4 digits of account number 5896</div>
<div>Best Egg</div> <div>Creditor's Name</div> <div>PO Box 207865</div> <div>Number Street</div> <div>Dallas TX 75320-7865</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.2 of (Check one):</div> <div><input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims</div> <div><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div> <div>Claims</div> <div>Last 4 digits of account number 5896</div>

<div>Best Egg</div> <div>Creditor's Name</div> <div>Wells Fargo Lockbox / Lockbox 207865</div> <div>Number Street</div> <div>2975 Regent Blvd., Ste. 100</div> <div>Irving TX 75063</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.2 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div> <div>Claims</div> <div>Last 4 digits of account number 5896</div>
<div>Best Egg</div> <div>Creditor's Name</div> <div>3419 Silverside Road</div> <div>Number Street</div> <div>Wilmington DE 19810</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.2 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div> <div>Claims</div> <div>Last 4 digits of account number 5896</div>
<div>Betrlink/The Law Offices of Robert S. Gitmeid & Associates,</div> <div>Creditor's Name</div> <div>PLLC</div> <div>222 Broadway</div> <div>Number Street</div> <div>Floor 19</div> <div>New York NY 10038</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.17 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div> <div>Claims</div> <div>Last 4 digits of account number 5063</div>
<div>Capital One - Platinum Mastercard</div> <div>Creditor's Name</div> <div>1680 Capital One Drive</div> <div>Number Street</div> <div>McLean VA 22102</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.3 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div> <div>Claims</div> <div>Last 4 digits of account number 4070</div>
<div>Capital One - Platinum Mastercard</div> <div>Creditor's Name</div> <div>PO Box 30285</div> <div>Number Street</div> <div>Attn: General Correspondence</div> <div>Salt Lake City UT 84130-0285</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.3 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div> <div>Claims</div> <div>Last 4 digits of account number 4070</div>
<div>Capital One - Platinum Mastercard</div> <div>Creditor's Name</div> <div>PO Box 4069</div> <div>Number Street</div> <div>Carol Stream IL 60197-4069</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.3 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div> <div>Claims</div> <div>Last 4 digits of account number 4070</div>
<div>Capital One - Quicksilver</div> <div>Creditor's Name</div> <div>1680 Capital One Drive</div> <div>Number Street</div> <div>McLean VA 22102</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.4 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div> <div>Claims</div> <div>Last 4 digits of account number 1142</div>

<div>Capital One - Quicksilver</div> <div>Creditor's Name</div> <div>PO Box 30285</div> <div>Number Street</div> <div>Attn: General Correspondence</div> <div>Salt Lake City UT 84130-0285</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.4 of (Check one):<div><input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims</div><div><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div></div> <div>Claims</div> <div>Last 4 digits of account number 1142</div>
<div>Capital One - Quicksilver</div> <div>Creditor's Name</div> <div>PO Box 4069</div> <div>Number Street</div> <div>Carol Stream IL 60197-4069</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.4 of (Check one):<div><input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims</div><div><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div></div> <div>Claims</div> <div>Last 4 digits of account number 1142</div>
<div>Capital One Consumer Services / Capital One - Platinum</div> <div>Creditor's Name</div> <div>Mastercard</div> <div>PO Box 30273</div> <div>Number Street</div> <div>Salt Lake City UT 84130-0273</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.3 of (Check one):<div><input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims</div><div><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div></div> <div>Claims</div> <div>Last 4 digits of account number 4070</div>
<div>Capital One Consumer Services / Capital One - Quicksilver</div> <div>Creditor's Name</div> <div>PO Box 30273</div> <div>Number Street</div> <div>Salt Lake City UT 84130-0273</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.4 of (Check one):<div><input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims</div><div><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div></div> <div>Claims</div> <div>Last 4 digits of account number 1142</div>
<div>Capital One/Kohl's/AvanteUSA Ltd.</div> <div>Creditor's Name</div> <div>1680 Capital One Drive</div> <div>Number Street</div> <div>McLean VA 22102</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.9 of (Check one):<div><input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims</div><div><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div></div> <div>Claims</div> <div>Last 4 digits of account number 6026</div>
<div>Capital One/Kohl's/AvanteUSA Ltd.</div> <div>Creditor's Name</div> <div>PO Box 71083</div> <div>Number Street</div> <div>Charlotte NC 28272-1083</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.9 of (Check one):<div><input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims</div><div><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div></div> <div>Claims</div> <div>Last 4 digits of account number 6026</div>
<div>CitiCards CBNA/Citibank</div> <div>Creditor's Name</div> <div>PO Box 6241</div> <div>Number Street</div> <div>Sioux Falls SD 57117</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.5 of (Check one):<div><input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims</div><div><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div></div> <div>Claims</div> <div>Last 4 digits of account number 0119</div>
<div>CitiCards CBNA/Citibank</div> <div>Creditor's Name</div> <div>388 Greenwich Street Trading Building</div> <div>Number Street</div> <div>4th Floor</div> <div>New York NY 10013</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.5 of (Check one):<div><input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims</div><div><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div></div> <div>Claims</div> <div>Last 4 digits of account number 0119</div>

<div>CitiCards CBNA/Citibank</div> <div>Creditor's Name</div> <div>PO Box 9001037</div> <div>Number Street</div> <div>Louisville KY 40290-1037</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.5 of (Check one):</div> <div><input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims</div> <div><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div> <div>Claims</div> <div>Last 4 digits of account number 0119</div>
<div>CitiCards CBNA/Citibank</div> <div>Creditor's Name</div> <div>PO Box 6500</div> <div>Number Street</div> <div>General Correspondence</div> <div>Sioux Falls SD 57117</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.5 of (Check one):</div> <div><input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims</div> <div><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div> <div>Claims</div> <div>Last 4 digits of account number 0119</div>
<div>Comenity Capital Bank/CosmoProf</div> <div>Creditor's Name</div> <div>PO Box 650965</div> <div>Number Street</div> <div>Dallas TX 75265</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.6 of (Check one):</div> <div><input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims</div> <div><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div> <div>Claims</div> <div>Last 4 digits of account number 2381</div>
<div>Comenity Capital Bank/CosmoProf</div> <div>Creditor's Name</div> <div>PO Box 182120</div> <div>Number Street</div> <div>Columbus OH 43218</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.6 of (Check one):</div> <div><input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims</div> <div><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div> <div>Claims</div> <div>Last 4 digits of account number 2381</div>
<div>Comenity Capital Bank/CosmoProf</div> <div>Creditor's Name</div> <div>PO Box 183003</div> <div>Number Street</div> <div>Columbus OH 43218-3003</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.6 of (Check one):</div> <div><input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims</div> <div><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div> <div>Claims</div> <div>Last 4 digits of account number 2381</div>
<div>Comenity Capital Bank/CosmoProf</div> <div>Creditor's Name</div> <div>3001 Colorado Boulevard</div> <div>Number Street</div> <div>Denton TX 76210</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.6 of (Check one):</div> <div><input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims</div> <div><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div> <div>Claims</div> <div>Last 4 digits of account number 2381</div>
<div>Comenity Capital Bank/CosmoProf</div> <div>Creditor's Name</div> <div>3095 Loyalty Circle</div> <div>Number Street</div> <div>Building A</div> <div>Columbus OH 43219</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.6 of (Check one):</div> <div><input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims</div> <div><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div> <div>Claims</div> <div>Last 4 digits of account number 2381</div>
<div>Comenity Capital Bank/CosmoProf</div> <div>Creditor's Name</div> <div>PO Box 182063</div> <div>Number Street</div> <div>Columbus OH 43218</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.6 of (Check one):</div> <div><input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims</div> <div><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div> <div>Claims</div> <div>Last 4 digits of account number 2381</div>

Comenity Capital Bank/CosmoProf
Creditor's Name
PO Box 650964
Number Street
Dallas TX 75265-0964
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured
Claims
Last 4 digits of account number 2381

Cooper University Health Care Central Billing Office/Quality
Creditor's Name
Asset Recovery LLC
1 Federal Street
Number Street
Suite SW-200
Camden NJ 08103-1155
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured
Claims
Last 4 digits of account number 2026

FB&T/Mercury Card Services
Creditor's Name
PO Box 84064
Number Street
Columbus GA 31908-4064
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured
Claims
Last 4 digits of account number 7061

FB&T/Mercury Card Services
Creditor's Name
PO Box 70168
Number Street
Philadelphia PA 19176-0168
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured
Claims
Last 4 digits of account number 7061

Kingston Family Dentistry
Creditor's Name
P.O. Box 1980
Number Street
Cherry Hill NJ 08034
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured
Claims
Last 4 digits of account number 1322

Kohl's/Capital One/AvanteUSA Ltd.
Creditor's Name
PO Box 3120
Number Street
Milwaukee WI 53201-3120
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured
Claims
Last 4 digits of account number 6026

Kohl's/Capital One/AvanteUSA Ltd.
Creditor's Name
PO Box 3043
Number Street
Milwaukee WI 53201-3043
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured
Claims
Last 4 digits of account number 6026

Kohl's/Capital One/AvanteUSA Ltd.
Creditor's Name
N56 W17000
Number Street
Menomonee Falls WI 53051
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured
Claims
Last 4 digits of account number 6026

<div>Kohl's/Capital One/AvanteUSA Ltd. Creditor's Name PO Box 60043 Number Street City Of Industry CA 91716 City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.9 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 6026</div>
<div>Kohl's/Capital One/AvanteUSA Ltd. Creditor's Name PO Box 1456 Number Street Charlotte NC 28201 City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.9 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 6026</div>
<div>Merrick Bank Corp Creditor's Name PO Box 9201 Number Street Old Bethpage NY 11804-9001 City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 8925</div>
<div>New Jersey Department of Labor Unemployment Insurance Creditor's Name Office Appeal Tribunal Number Street P.O. Box 907 Trenton NJ 08625-0907 City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.11 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 5063</div>
<div>New Jersey Department of Labor and Workforce Creditor's Name Development 1 John Fitch Plaza Number Street Trenton NJ 08625 City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.11 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 5063</div>
<div>New Jersey Department of Labor and Workforce Creditor's Name Development 1st Floor, 171 Jersey Street Number Street Building 5 Trenton NJ 08611 City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.11 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 5063</div>
<div>New Jersey Department of Labor and Workforce Creditor's Name Development Unemployment Insurance Office 550 Jersey Avenue Number Street New Brunswick NJ 08901 City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.11 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 5063</div>

Olo Card Services/Ally Credit Card/CWS/Portfolio Recovery
Creditor's Name

Associates

1000 N. West Street
Number Street
FL 11

Wilmington DE 19801
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 8502

Olo Card Services/Ally Credit Card/CWS/Portfolio Recovery
Creditor's Name

Associates

PO Box 9222
Number Street
Old Bethpage NY 11804-9222

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 8502

Olo Card Services/Ally Credit Card/CWS/Portfolio Recovery
Creditor's Name

Associates

PO Box 660371
Number Street
Dallas TX 75266-0371

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 8502

Portfolio Recovery Associates/Olo Card Services/Ally Credit
Creditor's Name

Card/CWS

P.O. Box 12914
Number Street
Norfolk VA 23541

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 8502

Portfolio Recovery Associates/Olo Card Services/Ally Credit
Creditor's Name

Card/CWS

120 Corporate Blvd.
Number Street
Norfolk VA 23502

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 8502

Quality Asset Recovery LLC / Cooper University Health
Creditor's Name

Care

PO Box 2090
Number Street
Morrisville NC 27560

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 2026

Quality Asset Recovery LLC / Cooper University Health
Creditor's Name

Care

7 Foster Avenue
Number Street
Suite #101

Gibbsboro NJ 08026
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 2026

Quality Asset Recovery LLC / Cooper University Health
Creditor's Name
Care
PO Box 95000-4345
Number Street
Philadelphia PA 19195-4345
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured
Claims
Last 4 digits of account number 2026

Receivables Management Systems / Patients First
Creditor's Name
1807 Huguenot Road
Number Street
Midlothian VA 23113
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured
Claims
Last 4 digits of account number 9810

State of New Jersey Department of Labor and Workforce
Creditor's Name
Development
P.O. Box 951
Number Street
Trenton NJ 08625-0951
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured
Claims
Last 4 digits of account number 5063

SyncB/Amazon PLCC
Creditor's Name
PO Box 960013
Number Street
Orlando FL 32896-0013
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured
Claims
Last 4 digits of account number 9824

SyncB/Amazon PLCC
Creditor's Name
PO Box 965003
Number Street
Orlando FL 32896-5003
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured
Claims
Last 4 digits of account number 9824

SyncB/Amazon PLCC
Creditor's Name
777 Long Ridge Road
Number Street
Stamford CT 06902-1247
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured
Claims
Last 4 digits of account number 9824

SyncB/Amazon PLCC
Creditor's Name
PO Box 71740
Number Street
Philadelphia PA 19176-1740
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured
Claims
Last 4 digits of account number 9824

SyncB/Amazon PLCC
Creditor's Name
140 Wekiva Springs Road
Number Street
Longwood FL 32779
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured
Claims
Last 4 digits of account number 9824

SyncB/Amazon PLCC

Creditor's Name

410 Terry Avenue North

Number Street

Seattle WA 98109

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 9824

SyncB/Amazon PLCC

Creditor's Name

PO Box 965015

Number Street

Orlando FL 32896

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 9824

SyncB/Amazon PLCC

Creditor's Name

PO Box 71737

Number Street

Philadelphia PA 71737

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 9824

SyncB/Care Credit

Creditor's Name

555 Anton Blvd.

Number Street

Suite 700

Costa Mesa CA 92626

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 4271

SyncB/Care Credit

Creditor's Name

PO Box 71715

Number Street

Philadelphia PA 19176-1715

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 4271

SyncB/Care Credit

Creditor's Name

140 Wekiva Springs Road

Number Street

Longwood FL 32779

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 4271

The Bank of Missouri/Ally Credit Card/CWS/Portfolio

Creditor's Name

Recovery Associates

916 N. Kingshighway Street

Number Street

Perryville MO 63775

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 8502

The Bank of Missouri/Ally Credit Card/CWS/Portfolio

Creditor's Name

Recovery Associates

P.O. Box 309

Number Street

Perryville MO 63775-0309

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 8502

The Swiss Colony

Creditor's Name

1515 S. 21st Street

Number Street

Clinton IA 52732

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 084A

WebBank/One Main/FIS/Brightway

Creditor's Name

PO Box 981037

Number Street

Boston MA 02298-1037

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.19 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 8252

WebBank/One Main/FIS/Brightway

Creditor's Name

PO Box 59

Number Street

Evansville IN 47701

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.19 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 8252

WebBank/One Main/FIS/Brightway

Creditor's Name

200 NJ-73

Number Street

Unit 6B

West Berlin NJ 08091

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.19 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 8252

WebBank/One Main/FIS/Brightway

Creditor's Name

PO Box 845073

Number Street

Dallas FL 75284-5073

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.19 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 8252

WebBank/One Main/FIS/Brightway

Creditor's Name

601 NW 2nd Street

Number Street

Evansville IN 47708

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.19 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 8252

WebBank/One Main/FIS/Brightway

Creditor's Name

PO Box 1170

Number Street

Evansville IN 47706-1170

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.19 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 8252

WebBank/One Main/FIS/Brightway

Creditor's Name

PO Box 31535TA-74

Number Street

Tampa FL 33631

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.19 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 8252

WebBank/One Main/FIS/Brightway		On which entry in Part 1 or Part 2 did you list the original creditor?	
Creditor's Name		Line 4.19 of (Check one):	
PO Box 3316		<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims	
Number Street		<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured	
Evansville IN 47732		Claims	
City State ZIP Code		Last 4 digits of account number 2252	

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 395.34
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00
	6e. Total. Add lines 6a through 6d.	6e. \$ 395.34
		Total claim
Total claims from Part 2	6f. Student loans	6f. \$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 46,053.72
	6j. Total. Add lines 6f through 6i.	6j. \$ 46,053.72

Fill in this information to identify your case:

Debtor 1 Patricia H Krzywonos
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey

Case number _____
(if know)

☐ Check if this is
an amended
filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1 AT&T Mobility Wireless Name PO Box 6416 Street Carol Stream IL 60197-6416 City State ZIP Code	AT&T Mobility, Wireless Cell Phone & Service Account Number: 545848348 Foundation Account: 00032437 Samsung Galaxy A54 5G 128GB Purchaser
2.2 The Westover Companies, RB Run Townhomes 2020 LLC Name d/b/a Red Bank Run Townhomes 701 Red Bank Run Avenue Street Woodbury NJ 08096 City State ZIP Code	The Westover Companies, RB Run Townhomes 2020 LLC d/b/a Red Bank Run Townhomes, 701 Red Bank Run Avenue, Woodbury, NJ 08096 Apartment H12 at Red Bank Run Townhomes Both the Debtor and her adult household member son, Melton Leach III, are signatories on this apartment lease. Lessee

page 1

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here → 4.	\$ 1,592.00	\$	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 166.16	\$	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$	
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$	
5e. Insurance	5e. \$ 0.00	\$	
5f. Domestic support obligations	5f. \$ 0.00	\$	
5g. Union dues	5g. \$ 0.00	\$	
5h. Other deductions. Specify: NJ Family Leave Insurance	5h. + \$ 1.30	+ \$	
Cash Tips Deduction	\$ 68.00	\$	
Workforce Development Tax	\$ 0.62	\$	
NJ Employee SUTA Tax	\$ 5.56	\$	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 241.64	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 1,350.36	\$	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$	
8b. Interest and dividends	8b. \$ 0.00	\$	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$	
8d. Unemployment compensation	8d. \$ 0.00	\$	
8e. Social Security	8e. \$ 0.00	\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: See continuation page attached	8f. \$ 139.21	\$	
8g. Pension or retirement income	8g. \$ 0.00	\$	
8h. Other monthly income. Specify:	8h. + \$ 0.00	+ \$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 139.21	\$	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,489.57	\$ 1,489.57	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: Contributions from Household Member - Debtor's Adult Son (see PFFCU Chex			11. + \$ 1,064.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies			12. \$ 2,553.57 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. Annual changes (increases or decreases in income) that may occur for the Debtor consists of <input checked="" type="checkbox"/> Yes. Explain: Non-Employment Income which currently includes: (1) NJ SNAP (monetary assistance for food), (2) Electric bill assistance (from NJ United Service Fund-PSEG), and (3) regular monthly income from the			

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

Continuation Sheet for Official Form 106I

8f Other government assistance that you regularly receive:

NJ Supplemental Nutrition Assistance Program (Food Stamp Program) SNAP Benefits (Debtor)
\$111.83

NJ Universal Service Fund for Electric Bill (PSEG) (Debtor) \$27.38

Debtor 1

Patricia H Krzywonos

First Name

Middle Name

Last Name

Case number (if known)

	Your expenses
5. Additional mortgage payments for your residence , such as home equity loans	5. \$ 0.00
6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ 166.58
6b. Water, sewer, garbage collection	6b. \$ 81.19
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 193.11
6d. Other. Specify: _____	6d. \$ 0.00
7. Food and housekeeping supplies	7. \$ 800.00
8. Childcare and children's education costs	8. \$ 0.00
9. Clothing, laundry, and dry cleaning	9. \$ 100.00
10. Personal care products and services	10. \$ 150.00
11. Medical and dental expenses	11. \$ 29.70
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 140.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 50.00
14. Charitable contributions and religious donations	14. \$ 25.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ 0.00
15b. Health insurance	15b. \$ 0.00
15c. Vehicle insurance	15c. \$ 120.44
15d. Other insurance. Specify: _____	15d. \$ 0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ 0.00
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ 0.00
17b. Car payments for Vehicle 2	17b. \$ 0.00
17c. Other. Specify: <u>Amazon Prime Monthly Debit from PFFCU Checking A</u>	17c. \$ 15.98
17d. Other. Specify: _____	17d. \$ 0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ 0.00
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ 0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ 0.00
20b. Real estate taxes	20b. \$ 0.00
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00
20e. Homeowner's association or condominium dues	20e. \$ 0.00

Debtor 1 Patricia H Krzywonos
 First Name Middle Name Last Name

Case number (if known)

21. **Other.** Specify: _____

21. +\$ 0.00
 +\$
 +\$

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$ 3,232.67

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.

22b. \$
 22c. \$ 3,232.67

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 2,553.57

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 3,232.67

23c. Subtract your monthly expenses from your monthly income.
 The result is your *monthly net income*.

23c. \$ -679.10

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here: Cost of living expenses for gas for automobile and food prices have been increasing, Xfinity internet cost will likely increase, Universal Service Fund Benefit for electric bill (PSEG) will expire, health care costs will increase due to indefinite and ongoing illnesses and recent hospital visits.

Fill in this information to identify your case:

Debtor 1 Patricia H Krzywonos
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the District of New Jersey

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Patricia H Krzywonos
Signature of Debtor 1

X _____
Signature of Debtor 2

Date 07/26/2024
MM / DD / YYYY

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 Patricia H Krzywonos
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey

Case number _____
(if known)

☐ Check if this is
an amended
filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☐ Married
☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H)

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply	Sources of income Check all that apply
	Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips \$ <u>796.00</u> <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ _____ <input type="checkbox"/> Operating a business
For last calendar year: (January 1 to December 31, <u>2023</u>)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips \$ <u>41,877.00</u> <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ _____ <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, <u>2022</u>)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips \$ <u>35,524.00</u> <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ _____ <input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

Debtor

Patricia H Krzywonos
First Name Middle Name Last Name

Case number(if known)

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	NJ Unemployment Payments	\$ 12,286.00		
		\$ 6,384.00		
	Income from Household Member Adult Son - Deposits in PFFCU Checking Account	\$ 671.00		
		\$ 219.04		
	NJ SNAP Benefits			
For last calendar year: (January 1 to December 31, 2023)	New Jersey Universal Service Fund Electric Bill Benefit			
	Income from Household Member Adult Son - Bank of America Account Closed Over a 1 Year Ago	\$ 7,800.00		
		\$ 46.00		
	NJ SNAP Benefits			
	Income from Household Member Adult Son - Bank of America Account Closed Over a 1 Year Ago	\$ 6,600.00		
For the calendar year before that: (January 1 to December 31, 2022)				

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? *Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☐ No.

Debtor

Patricia H Krzywonos

First Name

Middle Name

Last Name

Document Page 49 of 77

Case number(if known)

☒ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Melton Leach III (Debtor's	<u>09/01/2023</u>	\$ <u>1,250.00</u>	\$ <u>0.00</u>	Debtor and Debtor's adult son (Melton Leach III) renewed their Red Bank Run Townhomes apartment lease (April 1, 2024) for the apartment #H12 that they both currently live in. As signatories, both are equally, legally obligated and responsible for paying the apartment lease rent. Debtor pays the apartment rent herself, but due to Debtor being out of work as of December 10, 2023, Debtor's adult son (household member) helped out with paying their apartment rent (January 2, 2024) and other necessities to avoid being late and potentially being evicted (see Police and Fire Federal Credit Union Checking Account). There was no intent to provide any creditors with an unfair advantage. There was no intent to provide any creditors with an unfair advantage. Debtor's son was already legally obligated to ensure payment of the apartment rent. There was no expectation to be paid back by Debtor or Debtor's son, and neither considered Debtor's son's payments to be a loan. Although Debtor's son was also responsible for paying the apartment rent, Debtor wanted to return the favor. After Debtor provided these payments to her son, he still continued to help Debtor to pay household necessities afterwards. Debtor paid her adult son back in cash in the total amount of \$1,250.00 in six (6) different payments listed in the following: \$500 - Sept 1st, 2023, \$100 - July 5th, 2023, \$500 - Feb 3rd, 2024, \$25 - Feb 16th, 2024, \$70 - Mar 2nd, 2024, \$55 - Apr 2nd, 2024.
Creditor's Name	<u>07/05/2023</u>			
Adult Son)	<u>02/03/2024</u>			
701 West Red Bank Avenue				
Number Street				
Apartment #H12				
Woodbury NJ 08096				
City State ZIP Code				

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☐ No.☒ Yes. List all payments that benefited an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
------------------	-------------------	----------------------	--

Debtor

Patricia H Krzywonos

First Name

Middle Name

Last Name

Document Page 50 of 77

Case number(if known)

09/01/2023
07/05/2023
02/03/2024

Melton Leach III (Debtor's
 Creditor's Name
Adult Son)

\$ 1,250.00\$ 0.00701 West Red Bank Avenue

Number Street

Apartment #H12Woodbury NJ 08096

City

State

ZIP Code

Debtor and Debtor's adult son (Melton Leach III) renewed their Red Bank Run Townhomes apartment lease (April 1, 2024) for the apartment #H12 that they both currently live in. As signatories, both are equally, legally obligated and responsible for paying the apartment lease rent. Debtor pays the apartment rent herself, but due to Debtor being out of work as of December 10, 2023, Debtor's adult son (household member) helped out with paying their apartment rent (January 2, 2024) and other necessities to avoid being late and potentially being evicted (see Police and Fire Federal Credit Union Checking Account). There was no intent to provide any creditors with an unfair advantage. There was no intent to provide any creditors with an unfair advantage. Debtor's son was already legally obligated to ensure payment of the apartment rent. There was no expectation to be paid back by Debtor or Debtor's son, and neither considered Debtor's son's payments to be a loan. Although Debtor's son was also responsible for paying the apartment rent, Debtor wanted to return the favor. After Debtor provided these payments to her son, he still continued to help Debtor to pay household necessities afterwards. Debtor paid her adult son back in cash in the total amount of \$1,250.00 in six (6) different payments listed in the following: \$500 - Sept 1st, 2023, \$100 - July 5th, 2023, \$500 - Feb 3rd, 2024, \$25 - Feb 16th, 2024, \$70 - Mar 2nd, 2024, \$55 - Apr 2nd, 2024.

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☒ No☐ Yes. Fill in the details.**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

☒ No. Go to line 11.☐ Yes. Fill in the information below.**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**☒ No☐ Yes. Fill in the details

Debtor

Patricia H Krzywonos
First Name Middle Name Last Name

Case number(if known)

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
☐ Yes. Fill in the details.

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☒ No
☐ Yes. Fill in the details.

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☐ No
☒ Yes. Fill in the details.

Description and value of any property transferred		Date payment or transfer was made	Amount of payment
The Law Offices of Robert S. Gitmeid & Associates, PLLC	The Law Offices of Robert S. Gitmeid & Associates, PLLC and Debtor entered into an agreement on 11/7/2023 for the law office to help settle and pay some of Debtor's credit cards. Only two creditors were paid for Debtor: FB&T/Mercury Credit Card (\$378.06) and Best Egg Personal Loan (\$486.00). These creditors were not insiders, and neither received \$600 or more. Per Debtor's request, the law office terminated this agreement with Debtor on June 4, 2024. The Debtor paid the law firm a total of \$1,424.00. Payments and dates follow below: \$165.50 on 11/29/2023 \$165.50 on 12/13/2023 \$165.50 on 12/28/2023 \$165.50 on 1/10/2024 \$165.50 on 1/24/2024 \$22.15 on 1/31/2024 \$27.85 on 2/1/2024 \$165.50 on 2/7/2024 \$165.50 on 2/22/2024 \$22.15 on 2/29/2024 \$27.85 on 3/1/2024 165.50 on 3/6/2024 Total Amount that Debtor paid: \$1,424.00 Total Agreement Cost was \$16,883.85. Total remaining balance is \$15, 459.85.	11/2024	\$ 165.50
Person Who Was Paid		12/2024	\$ 331.00
Associates, PLLC			
11 Broadway			
Number Street			
Suite 960			
New York NJ 10004			
City State ZIP Code			

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

Debtor

Patricia H Krzywonos

First Name

Middle Name

Last Name

Document Page 52 of 77

Case number(if known)

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

☒ No

☐ Yes. Fill in the details.

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☒ No

☐ Yes. Fill in the details.

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No

☐ Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No

☐ Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No

☐ Yes. Fill in the details.

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

☒ No

☐ Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Fill in the details.

Part 11: Give Details About Your Business or Connections to Any Business

Debtor

Patricia H Krzywonos

First Name

Middle Name

Last Name

Document Page 53 of 77

Case number(if known)

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☒ No. None of the above applies. Go to Part 12.
- ☐ Yes. Check all that apply above and fill in the details below for each business.

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No. None of the above applies. Go to Part 12.
- ☐ Yes. Check all that apply above and fill in the details below for each business.

Debtor

Patricia H Krzywonos

First Name

Middle Name

Last Name

Document Page 54 of 77

Case number(if known)

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

✕ /s/ Patricia H Krzywonos

Signature of Debtor 1

✕

Signature of Debtor 2

Date 07/26/2024

Date _____

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this information to identify your case:

Debtor 1 Patricia H Krzywonos
First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey

Case number _____
 (If known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☒ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse																
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$0.00	\$0.00																
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$0.00	\$0.00																
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$1,064.00	\$0.00																
5. Net income from operating a business, profession, or farm	<table border="1"> <thead> <tr> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td>\$0.00</td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>– \$0.00</td> </tr> <tr> <td>Net monthly income from a business, profession, or farm</td> <td>\$0.00</td> </tr> </tbody> </table>	Debtor 1	Debtor 2	Gross receipts (before all deductions)	\$0.00	Ordinary and necessary operating expenses	– \$0.00	Net monthly income from a business, profession, or farm	\$0.00	<table border="1"> <thead> <tr> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td>\$0.00</td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>– \$0.00</td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td>\$0.00</td> </tr> </tbody> </table>	Debtor 1	Debtor 2	Gross receipts (before all deductions)	\$0.00	Ordinary and necessary operating expenses	– \$0.00	Net monthly income from rental or other real property	\$0.00
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Ordinary and necessary operating expenses	– \$0.00																	
Net monthly income from rental or other real property	\$0.00																	
7. Interest, dividends, and royalties	\$0.00	\$0.00																

Debtor 1

Patricia H Krzywonos

First Name Middle Name Last Name

Case number (if known)

Column A
Debtor 1

Column B
Debtor 2 or
non-filing spouse

8. Unemployment compensation

\$ 2,047.67

\$ 0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ↓

For you \$ 0.00

For your spouse \$ 0.00

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ 0.00

\$ 0.00

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

NJ Supplemental Nutrition Assistance Program (

\$ 111.83

\$ 0.00

NJ Universal Service Fund for Electric Bill (PSEG

\$ 27.38

\$ 0.00

Total amounts from separate pages, if any.

+ \$ 0.00

+ \$ 0.00

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 3,250.88

+ \$ 0.00

= \$ 3,250.88

Total current
monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11. Copy line 11 here →

\$ 3,250.88

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b.

\$ 39,010.56

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

NJ

Fill in the number of people in your household.

2

Fill in the median family income for your state and size of household. 13.

\$ 100,763.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Debtor 1

Patricia H Krzywonos

First Name

Middle Name

Last Name

Case number (if known)

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Patricia H Krzywonos

Signature of Debtor 1

Date 07/26/2024

MM / DD / YYYY

X

Signature of Debtor 2

Date

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

ADS/Comenity Bank/Hottopic
PO Box 182789
Columbus, OH 43218-2789

Capital One - Platinum Mastercard
1680 Capital One Drive
McLean, VA 22102

ADS/Comenity Bank/Hottopic
PO Box 182273
Columbus, OH 43218-2273

Capital One - Platinum Mastercard
PO Box 30285
Attn: General Correspondence
Salt Lake City, UT 84130-0285

Amazon PLCC/SyncBank
P.O. Box 71711
Philadelphia, PA 19176-1711

Capital One - Platinum Mastercard
PO Box 4069
Carol Stream, IL 60197-4069

AT&T Mobility Wireless
PO Box 6416
Carol Stream, IL 60197-6416

Capital One - Quicksilver
PO Box 31293
Salt Lake City, UT 84131

AvanteUSA Ltd./Kohl's/Capital One
3600 S. Gessner Road
Suite 225
Houston, TX 77063

Capital One - Quicksilver
1680 Capital One Drive
McLean, VA 22102

Best Egg
1523 Concord Pike
Suite 201
Wilmington, DE 19803

Capital One - Quicksilver
PO Box 30285
Attn: General Correspondence
Salt Lake City, UT 84130-0285

Best Egg
PO Box 42912
Philadelphia, PA 19101

Capital One - Quicksilver
PO Box 4069
Carol Stream, IL 60197-4069

Best Egg
PO Box 207865
Dallas, TX 75320-7865

Capital One Consumer Services / Capital One -
PO Box 30273
Salt Lake City, UT 84130-0273

Best Egg
Wells Fargo Lockbox / Lockbox 207865
2975 Regent Blvd., Ste. 100
Irving, TX 75063

Capital One Consumer Services / Capital One -
PO Box 30273
Salt Lake City, UT 84130-0273

Best Egg
3419 Silverside Road
Wilmington, DE 19810

Capital One/Kohl's/AvanteUSA Ltd.
1680 Capital One Drive
McLean, VA 22102

Betrlink/The Law Offices of Robert S. Gitmeid
222 Broadway
Floor 19
New York, NY 10038

Capital One/Kohl's/AvanteUSA Ltd.
PO Box 71083
Charlotte, NC 28272-1083

Capital One - Platinum Mastercard
PO Box 31293
Salt Lake City, UT 84131

CitiCards CBNA/Citibank
5800 South Corporate Place
Mail Code 234
Sioux Falls, SD 57108

CitiCards CBNA/Citibank
PO Box 6241
Sioux Falls, SD 57117

Cooper University Health Care Central Billing
1 Federal Street
Suite SW-200
Camden, NJ 08103-1155

CitiCards CBNA/Citibank
388 Greenwich Street Trading Building
4th Floor
New York, NY 10013

Department of Treasury, Internal Revenue Serv
P.O. Box 742562
Cincinnati, OH 45280-2562

CitiCards CBNA/Citibank
PO Box 9001037
Louisville, KY 40290-1037

FB&T/Mercury Card Services
700 22nd Avenue South
Brookings, SD 57006

CitiCards CBNA/Citibank
PO Box 6500
General Correspondence
Sioux Falls, SD 57117

FB&T/Mercury Card Services
PO Box 84064
Columbus, GA 31908-4064

Comenity Capital Bank/CosmoProf
3075 Loyalty Circle
PO Box 182789
Columbus, OH 43218-2789

FB&T/Mercury Card Services
PO Box 70168
Philadelphia, PA 19176-0168

Comenity Capital Bank/CosmoProf
PO Box 650965
Dallas, TX 75265

Kingston Family Dentistry
310 Kresson Road
Cherry Hill, NJ 08034

Comenity Capital Bank/CosmoProf
PO Box 182120
Columbus, OH 43218

Kingston Family Dentistry
P.O. Box 1980
Cherry Hill, NJ 08034

Comenity Capital Bank/CosmoProf
PO Box 183003
Columbus, OH 43218-3003

Kohl's/Capital One/AvanteUSA Ltd.
PO Box 3115
Milwaukee, WI 53201

Comenity Capital Bank/CosmoProf
3001 Colorado Boulevard
Denton, TX 76210

Kohl's/Capital One/AvanteUSA Ltd.
PO Box 3120
Milwaukee, WI 53201-3120

Comenity Capital Bank/CosmoProf
3095 Loyalty Circle
Building A
Columbus, OH 43219

Kohl's/Capital One/AvanteUSA Ltd.
PO Box 3043
Milwaukee, WI 53201-3043

Comenity Capital Bank/CosmoProf
PO Box 182063
Columbus, OH 43218

Kohl's/Capital One/AvanteUSA Ltd.
N56 W17000
Menomonee Falls, WI 53051

Comenity Capital Bank/CosmoProf
PO Box 650964
Dallas, TX 75265-0964

Kohl's/Capital One/AvanteUSA Ltd.
PO Box 60043
City Of Industry, CA 91716

Kohl's/Capital One/AvanteUSA Ltd.
PO Box 1456
Charlotte, NC 28201

Portfolio Recovery Associates/Ollo Card Servi
P.O. Box 12914
Norfolk, VA 23541

Merrick Bank Corp
10705 S. Jordan Gateway
South Jordan, UT 84095

Portfolio Recovery Associates/Ollo Card Servi
120 Corporate Blvd.
Norfolk, VA 23502

Merrick Bank Corp
PO Box 9201
Old Bethpage, NY 11804-9001

Quality Asset Recovery LLC / Cooper Universit
PO Box 239
Gibbsboro, NJ 08026

New Jersey Department of Labor and Workforce
1 John Fitch Plaza
Trenton, NJ 08625

Quality Asset Recovery LLC / Cooper Universit
PO Box 2090
Morrisville, NC 27560

New Jersey Department of Labor and Workforce
1st Floor, 171 Jersey Street
Building 5
Trenton, NJ 08611

Quality Asset Recovery LLC / Cooper Universit
7 Foster Avenue
Suite #101
Gibbsboro, NJ 08026

New Jersey Department of Labor and Workforce
550 Jersey Avenue
New Brunswick, NJ 08901

Quality Asset Recovery LLC / Cooper Universit
PO Box 95000-4345
Philadelphia, PA 19195-4345

New Jersey Department of Labor Unemployment I
P.O. Box 998
Pleasantville, NJ 08232-0998

Receivables Management Systems / Patients Fir
PO Box 73810
North Chesterfield, VA 23235-8047

New Jersey Department of Labor Unemployment I
Appeal Tribunal
P.O. Box 907
Trenton, NJ 08625-0907

Receivables Management Systems / Patients Fir
1807 Huguenot Road
Midlothian, VA 23113

Ollo Card Services/Ally Credit Card/CWS/Portf
1511 Friendship Road
Jefferson City, MO 65109

State of New Jersey Department of Labor and W
P.O. Box 951
Trenton, NJ 08625-0951

Ollo Card Services/Ally Credit Card/CWS/Portf
1000 N. West Street
FL 11
Wilmington, DE 19801

SyncB/Amazon PLCC
4125 Windward Plaza
Alpharetta, GA 30005

Ollo Card Services/Ally Credit Card/CWS/Portf
PO Box 9222
Old Bethpage, NY 11804-9222

SyncB/Amazon PLCC
PO Box 960013
Orlando, FL 32896-0013

Ollo Card Services/Ally Credit Card/CWS/Portf
PO Box 660371
Dallas, TX 75266-0371

SyncB/Amazon PLCC
PO Box 965003
Orlando, FL 32896-5003

SyncB/Amazon PLCC
777 Long Ridge Road
Stamford, CT 06902-1247

The Law Offices of Robert S. Gitmeid & Associ
11 Broadway
Suite 960
New York, NJ 10004

SyncB/Amazon PLCC
PO Box 71740
Philadelphia, PA 19176-1740

The Swiss Colony
1112 7th Avenue
Monroe, WI 53566-1364

SyncB/Amazon PLCC
140 Wekiva Springs Road
Longwood, FL 32779

The Swiss Colony
1515 S. 21st Street
Clinton, IA 52732

SyncB/Amazon PLCC
410 Terry Avenue North
Seattle, WA 98109

The Westover Companies, RB Run Townhomes 2020
701 Red Bank Run Avenue
Woodbury, NJ 08096

SyncB/Amazon PLCC
PO Box 965015
Orlando, FL 32896

WebBank/One Main/FIS/Brightway
100 International Drive
Suite 1500
Baltimore, MD 21202

SyncB/Amazon PLCC
PO Box 71737
Philadelphia, PA 71737

WebBank/One Main/FIS/Brightway
PO Box 981037
Boston, MA 02298-1037

SyncB/Care Credit
C/O PO Box 965036
Orlando, FL 32896-5036

WebBank/One Main/FIS/Brightway
PO Box 59
Evansville, IN 47701

SyncB/Care Credit
555 Anton Blvd.
Suite 700
Costa Mesa, CA 92626

WebBank/One Main/FIS/Brightway
200 NJ-73
Unit 6B
West Berlin, NJ 08091

SyncB/Care Credit
PO Box 71715
Philadelphia, PA 19176-1715

WebBank/One Main/FIS/Brightway
PO Box 845073
Dallas, FL 75284-5073

SyncB/Care Credit
140 Wekiva Springs Road
Longwood, FL 32779

WebBank/One Main/FIS/Brightway
601 NW 2nd Street
Evansville, IN 47708

The Bank of Missouri/Ally Credit Card/CWS/Por
916 N. Kingshighway Street
Perryville, MO 63775

WebBank/One Main/FIS/Brightway
PO Box 1170
Evansville, IN 47706-1170

The Bank of Missouri/Ally Credit Card/CWS/Por
P.O. Box 309
Perryville, MO 63775-0309

WebBank/One Main/FIS/Brightway
PO Box 31535TA-74
Tampa, FL 33631

WebBank/One Main/FIS/Brightway
PO Box 3316
Evansville, IN 47732

United States Bankruptcy Court
District of New Jersey

In re: Patricia H Krzywonos

Case No.

Chapter 7

Debtor(s)

Verification of Creditor Matrix

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 07/26/2024

/s/ Patricia H Krzywonos

Signature of Debtor

Signature of Joint Debtor

United States Bankruptcy Court

District of New Jersey

In re Patricia H Krzywonos

Case No. _____

Debtor

Chapter ⁷ _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☒ FLAT FEE

For legal services, I have agreed to accept \$ 0.00
Prior to the filing of this statement I have received. \$ 0.00
Balance Due. \$ 0.00

☐ RETAINER

For legal services, I have agreed to accept a retainer of \$ _____
The undersigned shall bill against the retainer at an hourly rate of \$ _____
[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

☐ Debtor ☒ Other (specify) No. Not applicable. This is a pro bono case. I have not received any c

3. The source of compensation to be paid to me is:

☐ Debtor ☒ Other (specify) No. Not applicable. This is a pro bono case. I have not received any c

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. [Other provisions as needed]

Yes, this is a pro bono case assigned to me by the South Jersey Legal Services - filing the bankruptcy application and attending the 341a Meeting of creditors are the services I am providing.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Includes all services listed above only.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

07/26/2024

/s/ Theodore M. Liddell, 044402013

Date

Signature of Attorney

Law Office of Theodore M. Liddell L.L.C.

Name of law firm
113 West White Horse Road
Suite #2
Voorhees, NJ 08043

WRITTEN NOTICE REQUIRED UNDER SECTION 527(a)(2)

All information that you are required to provide with a petition and thereafter during a case under title 11 ("Bankruptcy") of the United States Code is required to be complete, accurate, and truthful.

All assets and all liabilities are required to be completely and accurately disclosed in the documents filed to commence the case, and the replacement value of each asset as defined in title 11 United States Code section 506 must be stated in those documents where requested after reasonable inquiry to establish such value.

Current monthly income, the amounts specified in section 707(b)(2), and, in a case under chapter 13 of title 11, disposable income (determined in accordance with section 707(b)(2)), are required to be stated after reasonable inquiry.

Information that you provide during your case may be audited pursuant to title 11. Failure to provide such information may result in dismissal of the case under title 11 or other sanction, including criminal sanctions.

Date 07/26/2024

/s/ Patricia H Krzywonos

Patricia H Krzywonos
Debtor

Joint Debtor

/s/ Theodore M. Liddell

Theodore M. Liddell
Attorney for Debtor(s)

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C.
§ 101(8) as “incurred by an individual
primarily for a personal, family, or
household purpose.”

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file
under one of four different chapters of the
Bankruptcy Code:

- Chapter 7 — Liquidation
- Chapter 11— Reorganization
- Chapter 12— Voluntary repayment plan
for family farmers or
fishermen
- Chapter 13— Voluntary repayment plan
for individuals with regular
income

**You should have an attorney review your
decision to file for bankruptcy and the choice of
chapter.**

Chapter 7: Liquidation

	\$245	filing fee
	\$78	administrative fee
+	\$15	trustee surcharge
	\$338	total fee

Chapter 7 is for individuals who have financial
difficulty preventing them from paying their
debts and who are willing to allow their non-
exempt property to be used to pay their
creditors. The primary purpose of filing under
chapter 7 is to have your debts discharged. The
bankruptcy discharge relieves you after
bankruptcy from having to pay many of your
pre-bankruptcy debts. Exceptions exist for
particular debts, and liens on property may still
be enforced after discharge. For example, a
creditor may have the right to foreclose a home
mortgage or repossess an automobile.

However, if the court finds that you have
committed certain kinds of improper conduct
described in the Bankruptcy Code, the court
may deny your discharge.

You should know that even if you file
chapter 7 and you receive a discharge, some
debts are not discharged under the law.
Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement
obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$571	administrative fee
	\$1,738	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

<http://www.uscourts.gov/forms/bankruptcy-forms>

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE
SERVICES FROM AN ATTORNEY OR BANKRUPTCY PETITION PREPARER**

If you decide to seek bankruptcy relief, you can represent yourself, you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. THE LAW REQUIRES AN ATTORNEY OR BANKRUPTCY PETITION PREPARER TO GIVE YOU A WRITTEN CONTRACT SPECIFYING WHAT THE ATTORNEY OR BANKRUPTCY PETITION PREPARER WILL DO FOR YOU AND HOW MUCH IT WILL COST. Ask to see the contract before you hire anyone.

The following information helps you understand what must be done in a routine bankruptcy case to help you evaluate how much service you need. Although bankruptcy can be complex, many cases are routine.

Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents called a Petition, Schedules and Statement of Financial Affairs, as well as in some cases a Statement of Intention need to be prepared correctly and filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you will have to attend the required first meeting of creditors where you may be questioned by a court official called a "trustee" and by creditors.

If you choose to file a chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

If you choose to file a chapter 13 case in which you repay your creditors what you can afford over 3 to 5 years, you may also want help with preparing your chapter 13 plan and with the confirmation hearing on your plan which will be before a bankruptcy judge.

If you select another type of relief under the Bankruptcy Code other than chapter 7 or chapter 13, you will want to find out what should be done from someone familiar with that type of relief.

Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only attorneys, not bankruptcy petition preparers, can give you legal advice.

07/26/2024

/s/ Patricia H Krzywonos
Patricia H Krzywonos

/s/ Theodore M. Liddell
Theodore M. Liddell

Fill in this information to identify your case:

Debtor 1 Patricia H Krzywonos
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: New Jersey

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 103B

Application to Have the Chapter 7 Filing Fee Waived

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: Tell the Court About Your Family and Your Family's Income**1. What is the size of your family?**

Your family includes you, your spouse, and any dependents listed on *Schedule J: Your Expenses* (Official Form 106J).

Check all that apply:

☒ You☐ Your spouse☒ Your dependents1

How many dependents?

2

Total number of people

2. Fill in your family's average monthly income.

Include your spouse's income if your spouse is living with you, even if your spouse is not filing.

Do not include your spouse's income if you are separated and your spouse is not filing with you.

Add your income and your spouse's income. Include the value (if known) of any non-cash governmental assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

If you have already filled out *Schedule I: Your Income*, see line 10 of that schedule.

That person's average monthly net income (take-home pay)You \$ 1,489.57Your spouse ... + \$ 0.00Subtotal..... \$ 1,489.57

Subtract any non-cash governmental assistance that you included above.

- \$ 139.21**Your family's average monthly net income**Total..... \$ 1,350.36**3. Do you receive non-cash governmental assistance?**☐ No☒ Yes. Describe.....**Type of assistance**

Debtor currently receives the following non-cash governmental assistance: (1) NJ SNAP Food Stamp Program and (2) NJ

4. Do you expect your family's average monthly net income to increase or decrease by more than 10% during the next 6 months?☐ No☒ Yes. Explain.....

Annual changes (increases or decreases in income) that may occur for the Debtor consists of Non-Employment Income which currently includes: (1) NJ SNAP (monetary assistance

5. Tell the court why you are unable to pay the filing fee in installments within 120 days. If you have some additional circumstances that cause you to not be able to pay your filing fee in installments, explain them.

Debtor does not have the additional income to pay the bankruptcy filing fee upfront or in installment payments due to extreme economic stress and financial struggle. Debtor passed the Means test with no presumption of abuse. From December 10, 2023 through July 13, 2024 (the previous full 6 months), Debtor has been unemployed and has not received any Employment income. Debtor has only received Non-Employment Income during this time period. Debtor has been very recently employed (as of July 14, 2024) and currently lives in an apartment with her adult son. Aside from NJ Unemployment compensation (prior 6 month average of \$2,047.67 which Debtor started receiving on 1/23/2024 and ended on 6/27/2024), NJ SNAP benefits (prior 6 month average of \$111.83 which Debtor started receiving on 12/19/2023 and still continues), and NJ Universal Service Fund Electric Bill benefits (prior 6 month average of \$27.38 which Debtor started receiving on 4/3/2024 and still continues), Debtor relies on Household Contributions paid voluntarily by her adult son (prior 6 month average of \$1,064.00 which may or may not continue). The total of these amounts is \$3,250.88 - which is Debtor's current Means test median amount. In spite of current medical issues, Debtor started working a 20-hour work week (part time) at Brotherly Bud in Mt. Ephraim, NJ on July 14, 2024.

Debtor 1

Patricia H Krzywonos

Document Page 75 of 77

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Tell the Court About Your Monthly Expenses**6. Estimate your average monthly expenses.**

Include amounts paid by any government assistance that you reported on line 2.

\$ 3,232.67If you have already filled out *Schedule J, Your Expenses*, copy line 22 from that form.**7. Do these expenses cover anyone who is not included in your family as reported in line 1?**☒ No☐ Yes. Identify who**8. Does anyone other than you regularly pay any of these expenses?**☐ No☒ Yes. How much do you regularly receive as contributions? \$ 1,064.00 monthlyIf you have already filled out *Schedule I: Your Income*, copy the total from line 11.**9. Do you expect your average monthly expenses to increase or decrease by more than 10% during the next 6 months?**☐ No☒ Yes. Explain

Cost of living expenses for gas for automobile and food prices have been increasing, Xfinity internet cost will likely increase, Universal Service Fund Benefit for electric bill (USFC) will

Part 3: Tell the Court About Your PropertyIf you have already filled out *Schedule A/B: Property (Official Form 106A/B)* attach copies to this application and go to Part 4.**10. How much cash do you have?***Examples:* Money you have in your wallet, in your home, and on hand when you file this application

Cash:

\$ _____

11. Bank accounts and other deposits of money?*Examples:* Checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, and other similar institutions. If you have more than one account with the same institution, list each. Do not include 401(k) and IRA accounts.

Checking account:

Institution name: _____

Amount: _____

Savings account:

\$ _____

Other financial accounts:

\$ _____

Other financial accounts:

\$ _____

12. Your home? (if you own it outright or are purchasing it)*Examples:* House, condominium, manufactured home, or mobile home

Number _____ Street _____

Current value:

\$ _____

City _____

State _____

ZIP Code _____

Amount you owe on mortgage and liens:

\$ _____

13. Other real estate?

Number _____ Street _____

Current value:

\$ _____

City _____

State _____

ZIP Code _____

Amount you owe on mortgage and liens:

\$ _____

14. The vehicles you own?*Examples:* Cars, vans, trucks, sports utility vehicles, motorcycles, tractors, boats

Make: _____

Model: _____

Year: _____

Mileage _____

Current value:

\$ _____

Amount you owe on liens:

\$ _____

Make: _____

Model: _____

Year: _____

Mileage _____

Current value:

\$ _____

Amount you owe on liens:

\$ _____

Debtor 1

Patricia H Krzywonos

Document

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Case number (if known)

First Name

Middle Name

Last Name

15. Other assets?**Describe the other assets:**

Do not include household items and clothing.

Current value: \$ _____

Amount you owe on liens: \$ _____

16. Money or property due you?**Who owes you the money or property?****How much is owed?**

Do you believe you will likely receive payment in the next 180 days?

Examples: Tax refunds, past due or lump sum alimony, spousal support, child support, maintenance, divorce or property settlements, Social Security benefits, workers' compensation, personal injury recovery

☐ No☐ Yes. Explain:

\$ _____

\$ _____

Part 4:**Answer These Additional Questions****17. Have you paid anyone for services for this case, including filling out this application, the bankruptcy filing package, or the schedules?**☒ No☐ Yes. **Whom did you pay?** Check all that apply:☐ An attorney☐ A bankruptcy petition preparer, paralegal, or typing service☐ Someone else _____**How much did you pay?**

\$ _____

18. Have you promised to pay or do you expect to pay someone for services for your bankruptcy case?☒ No☐ Yes. **Whom do you expect to pay?** Check all that apply:☐ An attorney☐ A bankruptcy petition preparer, paralegal, or typing service☐ Someone else _____**How much do you expect to pay?**

\$ _____

19. Has anyone paid someone on your behalf for services for this case?☒ No☐ Yes. **Who was paid on your behalf?** Check all that apply:☐ An attorney☐ A bankruptcy petition preparer, paralegal, or typing service☐ Someone else _____**Who paid?**

Check all that apply:

☐ Parent☐ Brother or sister☐ Friend☐ Pastor or clergy☐ Someone else _____**How much did someone else pay?**

\$ _____

20. Have you filed for bankruptcy within the last 8 years?☒ No☐ Yes. District _____ When _____ Case number _____
MM/ DD/ YYYYDistrict _____ When _____ Case number _____
MM/ DD/ YYYYDistrict _____ When _____ Case number _____
MM/ DD/ YYYY**Part 5:****Sign Below**

By signing here under penalty of perjury, I declare that I cannot afford to pay the filing fee either in full or in installments. I also declare that the information I provided in this application is true and correct.

x /s/ Patricia H Krzywonos

x

Signature of Debtor 1

Signature of Debtor 2

Date 07/26/2024

MM / DD / YYYY

Date

MM / DD / YYYY

Fill in this information to identify the case:

Debtor 1 Patricia H Krzywonos
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: New Jersey District of NJ
(State)

Case number _____
(If known)

Order on the Application to Have the Chapter 7 Filing Fee Waived

After considering the debtor's *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B), the court orders that the application is:

☐ **Granted.** However, the court may order the debtor to pay the fee in the future if developments in administering the bankruptcy case show that the waiver was unwarranted.

☐ **Denied.** The debtor must pay the filing fee according to the following terms:

<u>You must pay...</u>	<u>On or before this date...</u>
\$ _____	_____/_____/_____ Month / day / year
\$ _____	_____/_____/_____ Month / day / year
\$ _____	_____/_____/_____ Month / day / year
+ \$ _____	_____/_____/_____ Month / day / year
Total	<div></div>

If the debtor would like to propose a different payment timetable, the debtor must file a motion promptly with a payment proposal. The debtor may use *Application for Individuals to Pay the Filing Fee in Installments* (Official Form 103A) for this purpose. The court will consider it.

The debtor must pay the entire filing fee before making any more payments or transferring any more property to an attorney, bankruptcy petition preparer, or anyone else in connection with the bankruptcy case. The debtor must also pay the entire filing fee to receive a discharge. If the debtor does not make any payment when it is due, the bankruptcy case may be dismissed and the debtor's rights in future bankruptcy cases may be affected.

☐ **Scheduled for hearing.**

A hearing to consider the debtor's application will be held

on _____ at _____ AM / PM at _____.
Month / day / year Address of courthouse

If the debtor does not appear at this hearing, the court may deny the application.

Month / day / year

By the court: _____
United States Bankruptcy Judge